



STATE OF MINNESOTA
DEPARTMENT OF HEALTH
UNIVERSITY CAMPUS
MINNEAPOLIS 55440

January 5, 1966

Mr. Luther W. Stringham
Executive Director
National Association for Retarded Children
420 Lexington Avenue
Hew York, New Xork 10017

Dear Mr. Stringham:

In reply to your letter of recent date requesting material to support arguments for separation of programs for mentally ill and mentally retarded, I am afraid I cannot be of much help to you because I am now supporting the opposite view. This change of view is the result of our experience in conducting two four-county Child Development Centers for Retarded Children for some eight years.

It has been true in the past that mental retardation has been of little or no interest to many psychiatrists and to many mental health clinics. As a result, mental health funds have not been utilized for the retarded as they might well have been and psychologists took over many of the programs. While specific mental retardation diagnostic clinics have served a very useful purpose and have demonstrated needs for staff and services, there are limited trained professional personnel available now or in the near future. Some of the needs will be met by trained non-professionals, various aides and volunteers.

Most handicapped children suffer from more than one defect and so the emphasis is tending toward an approach to multi-handicapped children rather than individual conditions. It is neither feasible nor practical to establish separate diagnostic evaluation and follow-up services for each type of disorder or defect, physical, mental, retarded, or what, because of the inter-relationships between various conditions and their overlapping needs. It is even more difficult to attempt to adequately staff them in number and variety.

About half of the children seen at our two Centers were not retarded but had a variety of other conditions. Furthermore, it has been impossible to recruit or maintain staff. As a result the Child Development Center at Fergus Falls, (the Four-County Project for Retarded Children) was changed September 1965 to a pilot project to demonstrate the feasibility and practicability of providing all necessary services and care for retarded children through some of the already established mental health centers or other facilities as a part of their regular function, and in accordance with the recommendations of the Governor's Mental Retardation Planning Council.

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It is proposed that complete diagnostic services, evaluation, counseling, and follow-up by a team approach will be purchased on a fee basis from the local Mental Health Center. Referrals from the multi-county area of service of the Center will include all children under age 21, whether handicapped by retardation, convulsive seizures, psychosis, emotional disturbances, inadequate school progress and/or other related conditions. The Minnesota Mental Health Planning Council recommends that there should not be separate regional planning groups for mental health and mental retardation. It recommends that each of the mental health regions establish at least one program for complete evaluation of children with behavior aberrations and/or psychiatric and/or mental disability.

The Task Force on Prevention, Diagnosis and Treatment of the Governor's Mental Retardation Planning Council has recommended that child development centers should provide multi-disciplinary evaluation services to all handicapped children.

Yours sincerely,



A. B. Rosenfield, M.D.
Director
Division of Special Services

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Mental Retardation-Mental Illness Committee